



CENTER FOR STUDIES ON AGING



Aging Research in the Arab Region

Data Sources: Challenges and Opportunities

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22 Arab countries (LAS)





Beirut-Lebanon

American University of Beirut
250,000 m² (61 acres)



Faculty of Health Sciences



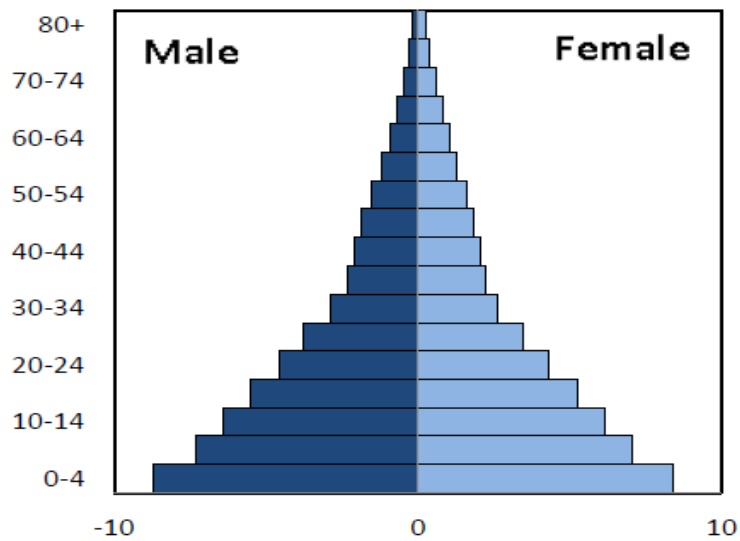
Outline

- Ageing in the Arab Region: Indicators and challenges
- Data sources on Ageing in the Arab region
- Center for Studies on Ageing (CSA): mandate and strategic tools
- Data collection efforts: how does production of knowledge impact policy and programs
- Data sources: challenges and opportunities

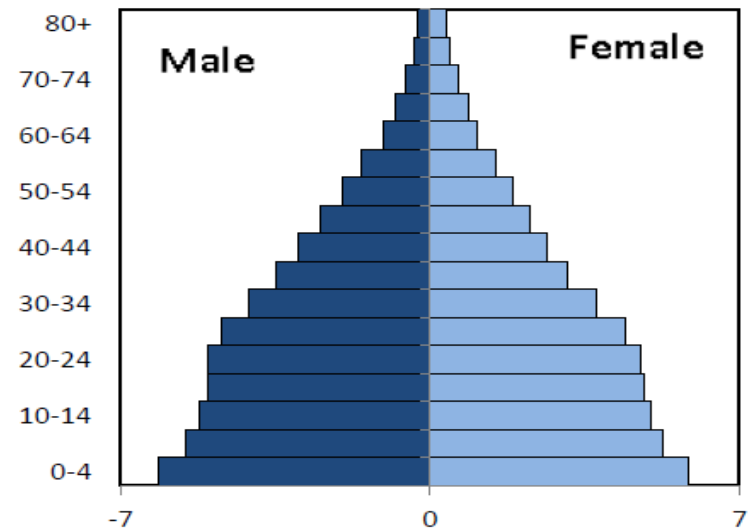
Ageing in the Arab Region: Indicators

Figure 1: Population pyramids of Arab countries 1980-2050

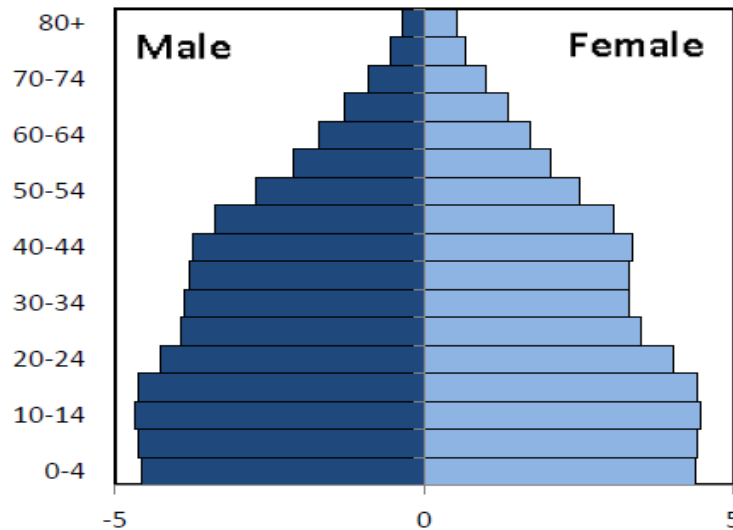
1980



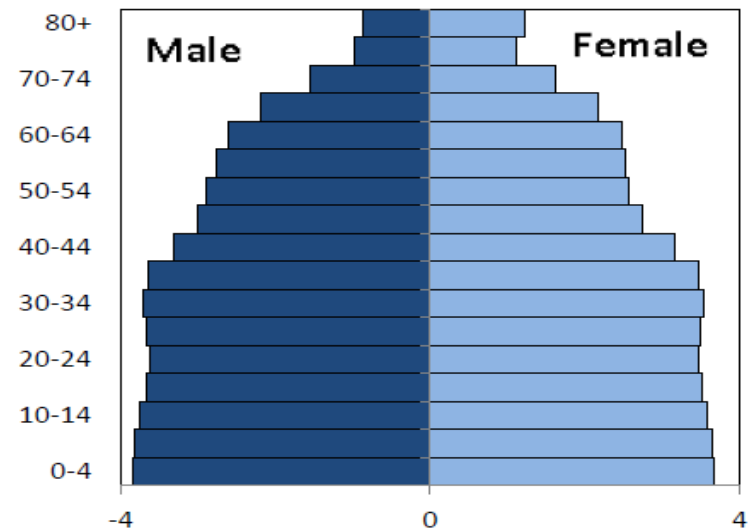
2010



2030



2050



Source: Calculated from *World Population Prospects, 2012 Revision*.

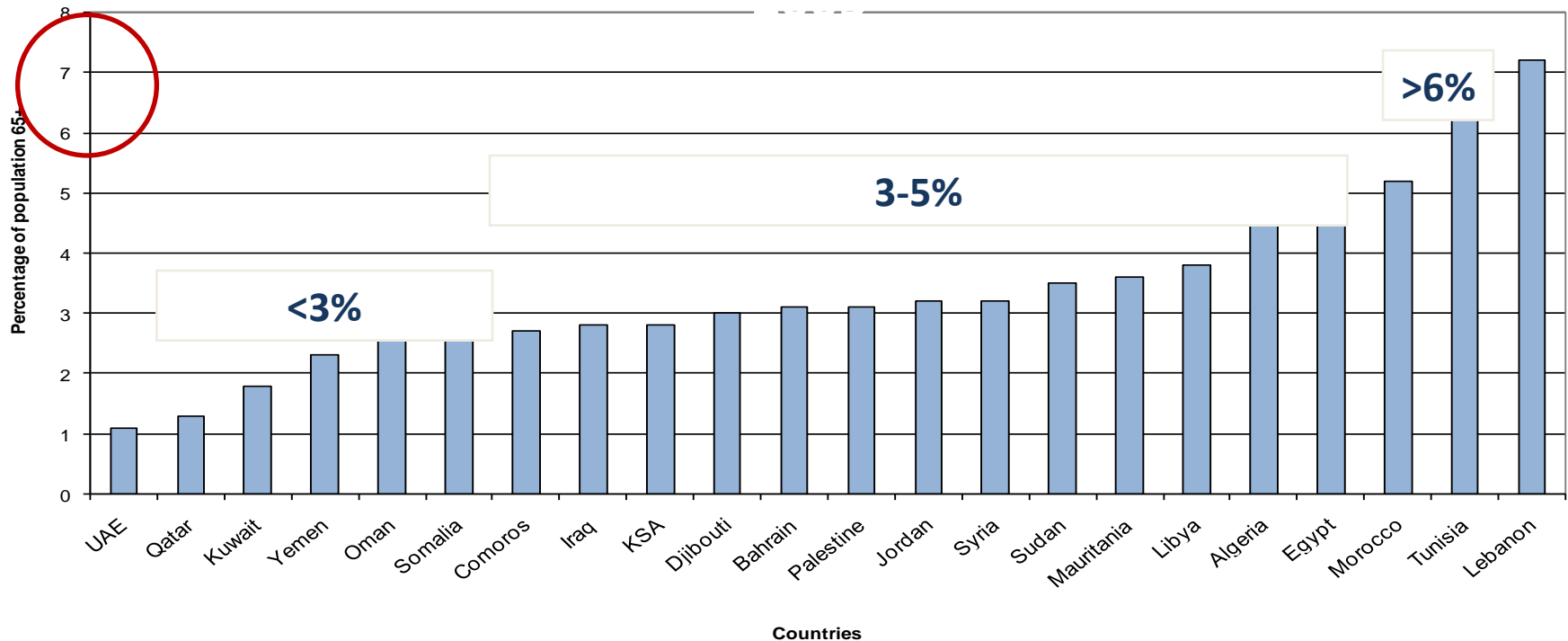
Demographic achievements in the Arab world

	1980	2010	2030	2050
Total fertility rate	6.3	3.2	2.5	2.1
Crude mortality rate per 1000	10.1	5.7	5.9	7.6
Life expectancy at birth	60.0	70.0	73.3	75.9
Percentage older than 65	3.5	4.1	6.4	11.7
Older population 65+ (millions)	5.8	10.4	21.3	-

Source: Sibai AM, Rizk A (2015). Aging in the Arab Countries: For UN-ESCWA

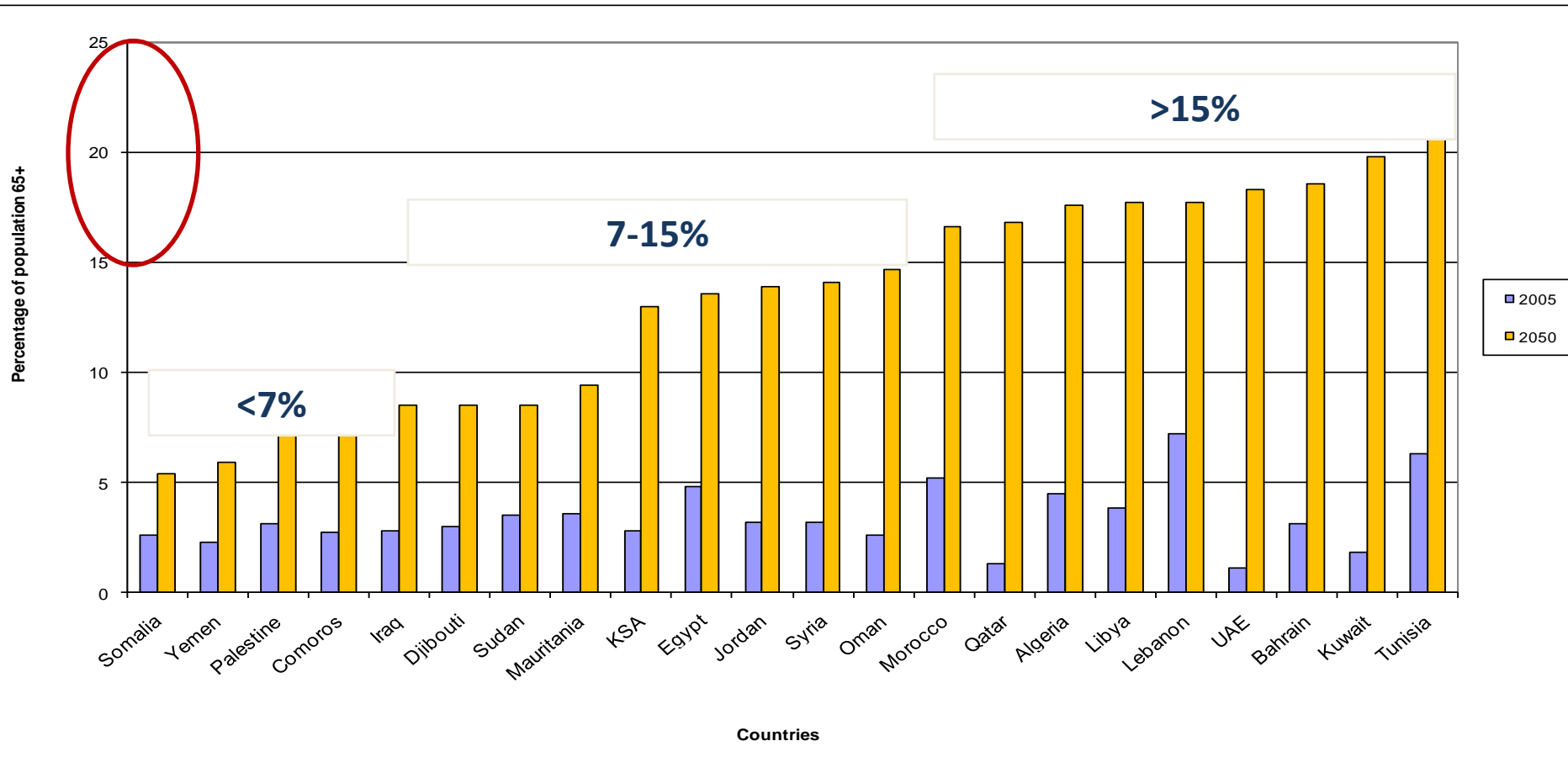
Percentage of Population 65+, 2005

13 out of the 22 Arab states have reached a life expectancy at birth higher than 70 years (Alwan et al., 2012)



Source: Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2006 Revision and World Urbanization Prospects: The 2005 Revision, <http://esa.un.org/unpp>,

Percentage of Population 65+, 2005-2050



Source: Economic and Social Affairs of the United Nations Secretariat, *World Population Prospects: The 2006 Revision and World Urbanization Prospects: The 2005 Revision*, <http://esa.un.org/unpp>,

Demographic indicators: Critique and Challenges

- ✓ Scarcity of population-based national data, and hence, 'incorrect' extrapolation of evidence from one setting to another (e.g. Lebanon the most recent census dates back to 1932, Somalia 1975, Iraq to 1987).
- ✓ High proportions of expatriates in OGC countries
- ✓ Return migration of older retired workers to their original (mother) country
- ✓ Consequences of the recent socio-political crisis on the region



Validity of data

implications on future of projections

Data sources on Ageing in the Arab region

Data sources, tools and output on Ageing in the Arab region

- Routine sources of data collection: National reports (by the Government or by independent scholars)
- Surveys and studies: small scale surveys in selected populations to include papers, theses, reports using classical methods of data collection; using methods derived from demography..Compared to health research, this is still v nascent
- Research on Research: scoping (online) review of ageing research (1994-2013)

Critique of sources of national Data/studies

National reports:

- Produced mainly by governmental agencies
- Conducted mainly by the concerned Ministry or National commissions on ageing

Specialized surveys: Few countries have conducted nationally representative surveys (PAPFAM-studies in Algeria, Lebanon, Palestine, SHARE in Saudi Arabia)

Critique:

Data sharing

Scarcity of data on health



CENTER FOR STUDIES ON AGING

Agent for change and exchange



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CSA Seniors in Emergencies Symposium - Dec 12th 2013

Welcome to the Center for Studies on Aging (CSA) website.

Recognizing that demographic aging offers not only immense challenges but also unique opportunities, the CSA promotes the integration and active participation of older people in society by creating a platform for research, policy formulation and training on aging in Lebanon and the region.

Abla Mehio Sibai

News

8/7/2014 International training program on social gerontology

The International Institute on Ageing and the United Nations Population Fund (UNFPA) have announced the International Training Programme on Social Gerontology course, due to be hosted from 16th to 27th of February, 2015, in Malta. The closing date fo... [more](#)

6/17/2014 CSA to participate in UNHCR annual consultation on

UNHCR is organizing its annual consultations with NGOs in Geneva from 17 to 19 June, 2014. More than 240 national and international NGOs will be represented by over 460 participants. The theme of the consultations this year is "Women's Leadership & Pa... [more](#)

Latest Publications

From Crisis to Opportunity and Back: Geriatric Training in Lebanon

Nehme, R., et al. (2014) From Crisis to Opportunity and Back Again: Is There a Response Shift at the Population-Level regarding Geriatric Training in Lebanon? *Advances in Aging Res...* [more](#)

Prevalence of malnutrition and correlates in Lebanese older adults

El Zoghbi, M., Boulos, C., Awada, S., et al. (2014) Prevalence of malnutrition and its correlates in older adults living in long stay institutions situated in Beirut, Lebanon. *Jour...* [more](#)

AMEL study: Poor nutrition among Lebanese elderly

Boulos, C., Salameh, P., Barberger-Gateau, P. (2013) Factors associated with poor nutritional status among community dwelling Lebanese elderly subjects living in rural areas: resul... [more](#)

Foundation



CENTER FOR STUDIES ON AGING

www.csa.org.lb

The Center for Studies on Aging

Founded in 2008 and led by a group of professionals committed to the promotion of **evidence-based policy and practice** in support of the older population in Lebanon and the Arab world. Its motto is **TRIPP**

Founding members

Researchers and academicians, geriatricians, representatives from governmental and non-governmental institutions, service providers and social workers.

Supporters

HAI, WHO, UNFPA

Networks

Became an affiliate of HAI in 2014

Established the Public Health in the Arab World – **Arab Aging Network** (PHAW-AAN) in March, 2014 which so far has 167 subscribers

Aim and strategic tools

Aim

The aim of the CSA is to create a hub for research, education, policy formulation, advocacy and training on aging in Lebanon and the region.

The main pillars of the Centre's strategic tools are:

1. Research, database, networks, and conferences

Objective: To raise awareness/advocacy of aging issues

2. Human resource development

Objective: To promote good practice in the care of older people through training and capacity building

3. Optimizing opportunities in development plans and policies

Objective: To promote active participation and mainstreaming of older people issues across all sectors

Data collection efforts and production of knowledge by the CSA

Policy Briefs

- Examples: 'Voices of the care givers', 'Pensions: A right long overdue for the older citizens' , 'Chronic diseases and aging in the Eastern Mediterranean Region', 'End of Life Care', 'Age Friendly Cities', An action brief on 'Seniors in Emergencies'..

UN agencies driven assignments/projects

- Studies on seniors in emergencies, Country Profile in 2011 (English and Arabic), region-wide mapping of aging policies, programs and legislations for the MIPAA and ICPD reviews in 2012-2013

Data Repositories

- Two online data repositories that include all papers on aging in [Lebanon](#) and [the Arab world](#)

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Publications on Lebanon

- I. Published Articles
- II. Reports and Monographs
- III. Books and Book Chapters
- IV. Thesis

Published Articles

2015

- Aging and Society. (2015). Special Issue of the Lebanese Medical Journal, 63(1). [[Full Text](#)]
- Boulos, C., Salameh, P., Barberger-Gateau, P. (2015). Malnutrition and frailty in community dwelling older adults living in a rural setting. *Clinical Nutrition*. doi:10.1016/j.clnu.2015.01.008. [[Abstract](#)]
- Webster, N.J., Antonucci, T.C., Ajrouch, K.J., Abdulrahim, S.A. (2015). Social networks and health among older adults in Lebanon: the mediating role of support and trust. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 70(1), 155-166. [[Abstract](#)]

2014

- Abdulrahim, S., Ajrouch, K.J., Antonucci, T.C. (2014). Aging in Lebanon: Challenges and opportunities. *The Gerontologist*, gnu095. [[Abstract](#)]
- Antonucci, T.C., Ajrouch, K.J., Abdulrahim, S. (2014). Social relations in Lebanon: Convoys across the life course. *The Gerontologist*, gnt209. [[Abstract](#)]
- Bawab, W., Saad, M., Hajjar, N., Rachidi, S., Al Hajje, A., Awada, S., Salameh, P. (2014). Evaluation of hip fracture risk factors in older adults in the Lebanese population. *Journal of Research in Health Sciences*. [[Abstract](#)]
- Doumit, J.H., Nasser, R.N., Hanna, D.R. (2014). Nutritional and health status among nursing home residents in Lebanon: comparison across gender in a national cross-sectional study. *BMC Public Health*, 14(1): 629. [[Full Text](#)]
- El Zoghbi, M., Boulos, C., Awada, S., et al. (2014) Prevalence of malnutrition and its correlates in older adults living in long stay institutions situated in Beirut, Lebanon. *Journal of Research in Health Sciences*,

Older adults in Research, Policies and Programs in the Arab region

Questions

- What is the landscape of aging research in the Arab world (1994-2013): quantity, quality, methods of study, themes, and co-authorship profile, and map them against demographic, economic and development indicators
- Where are older persons in aging policies and programs in the Arab region?
- How do Knowledge Creation, Knowledge Translation and Institutional Arrangements interact to inform policies and programs?

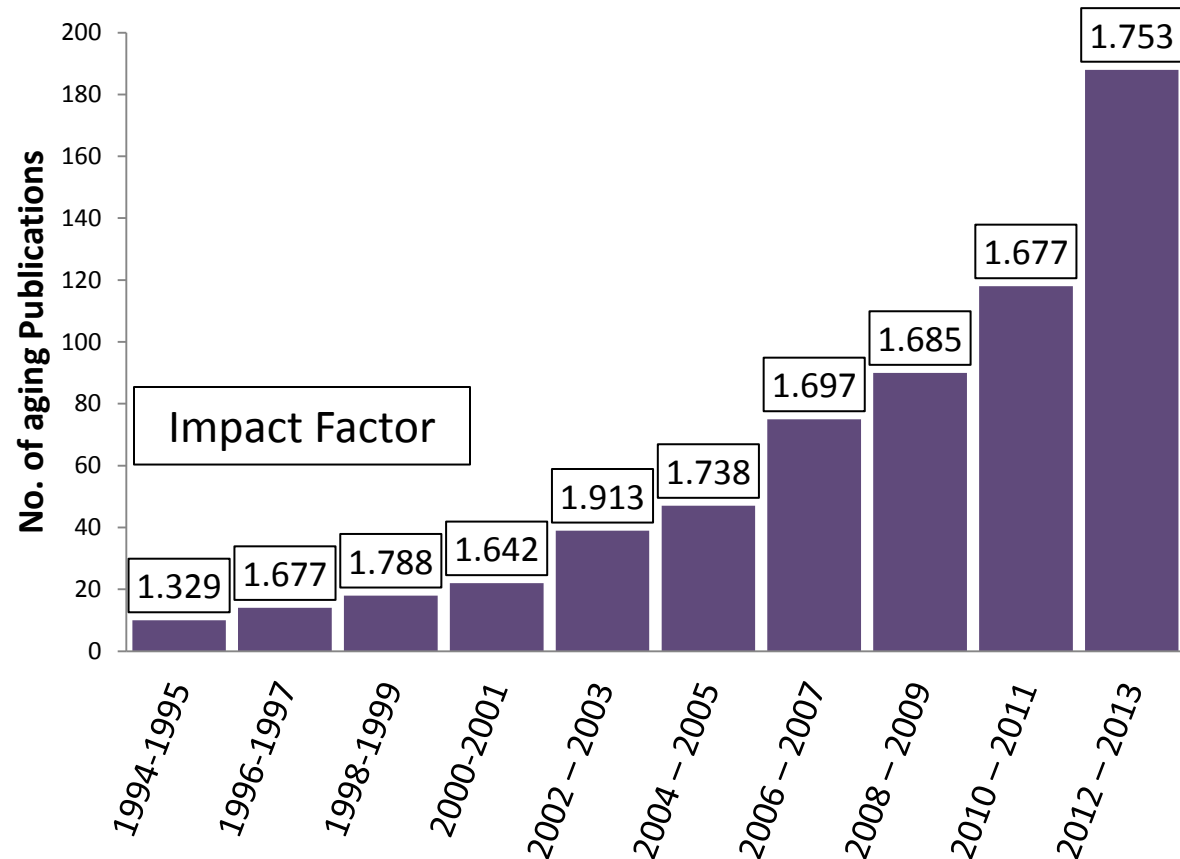
Older adults in Research, Policies and Programs in the Arab region

- **Methods**

- ✓ Full spectrum of academic publications included:
Peer and non-peer reviewed original research studies, reviews, editorials, opinion pieces, commentaries and abstracts
- ✓ FROM 6 Data sources: Web of Science, Ovid MEDLINE, SCOPUS, JSTOR and IMEMR and AL Ma3refah
- ✓ No language restrictions were specified

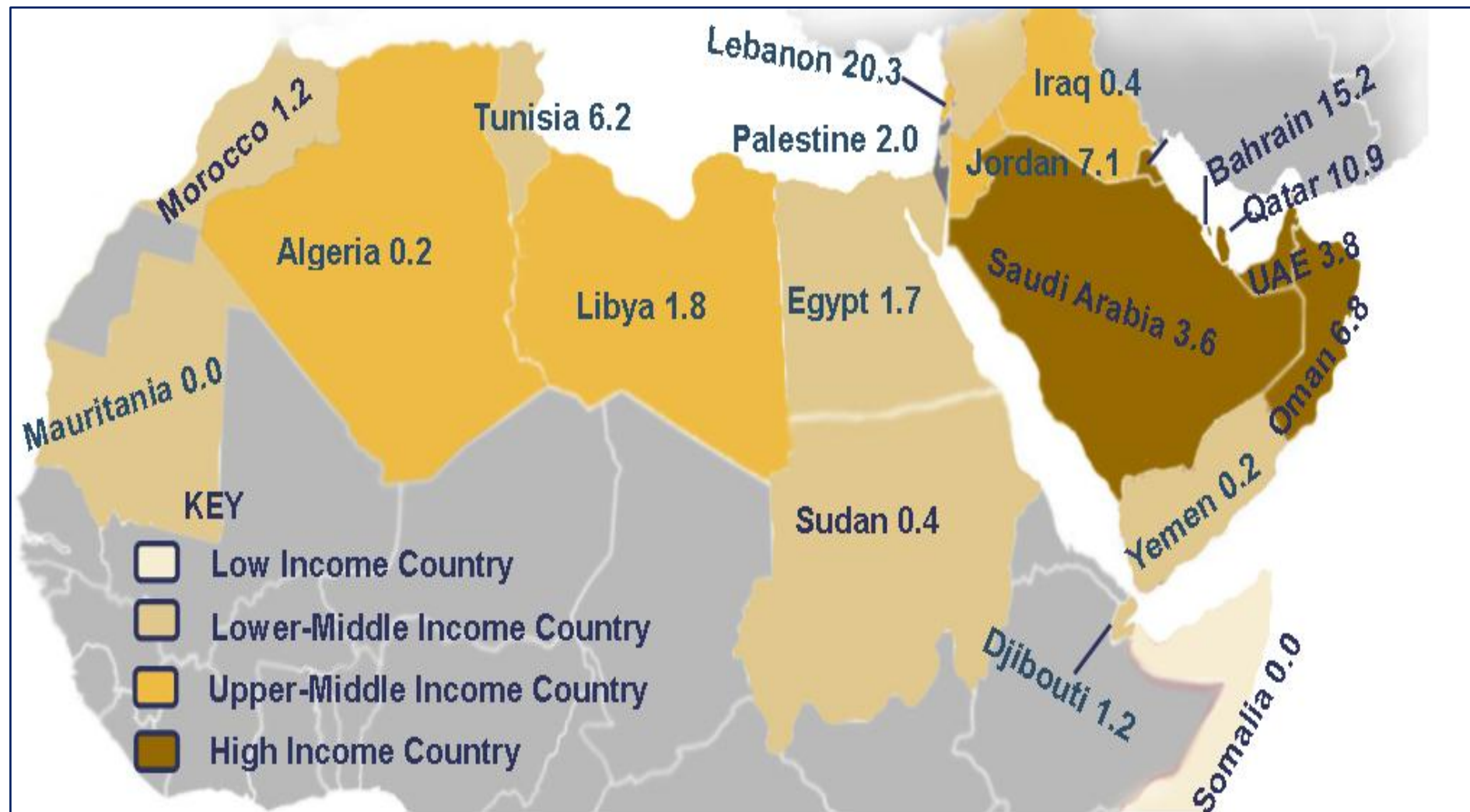
Aging research by time

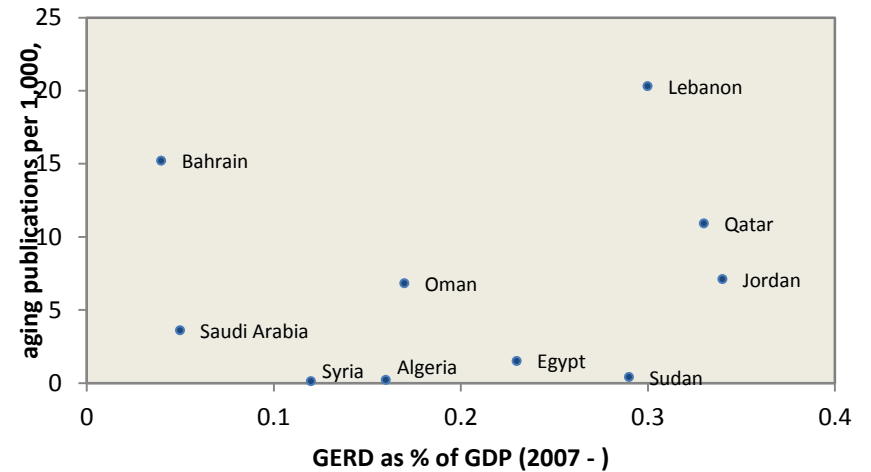
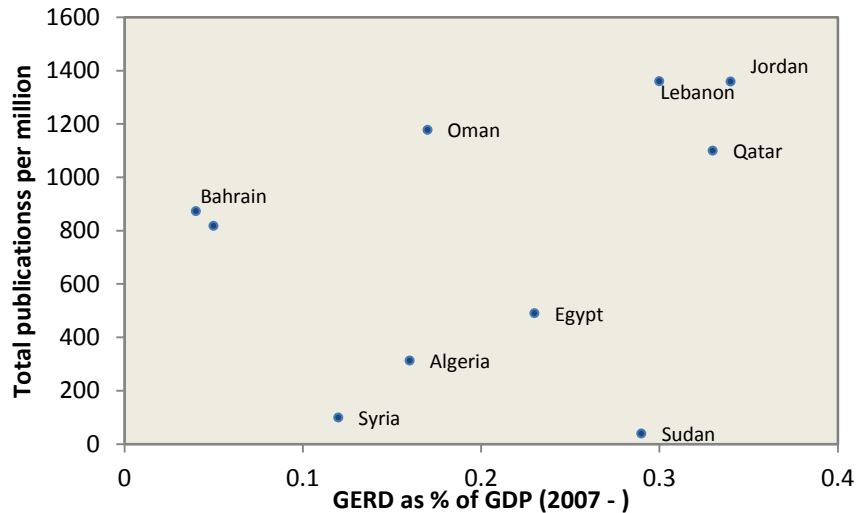
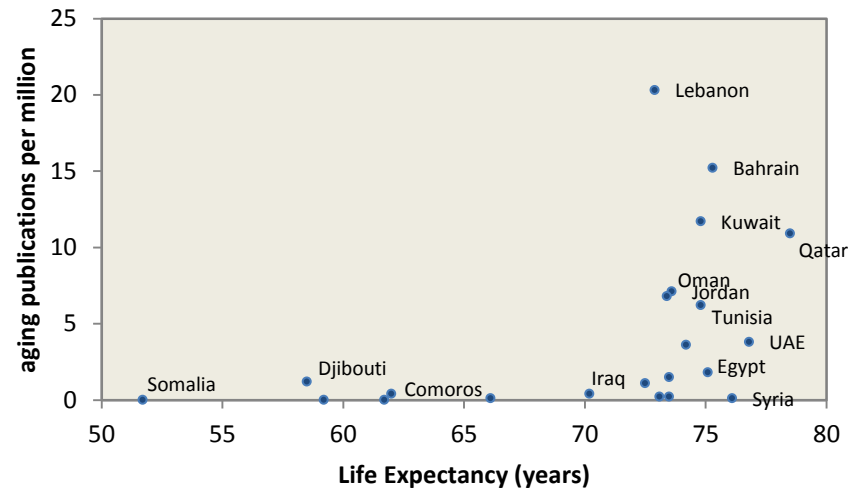
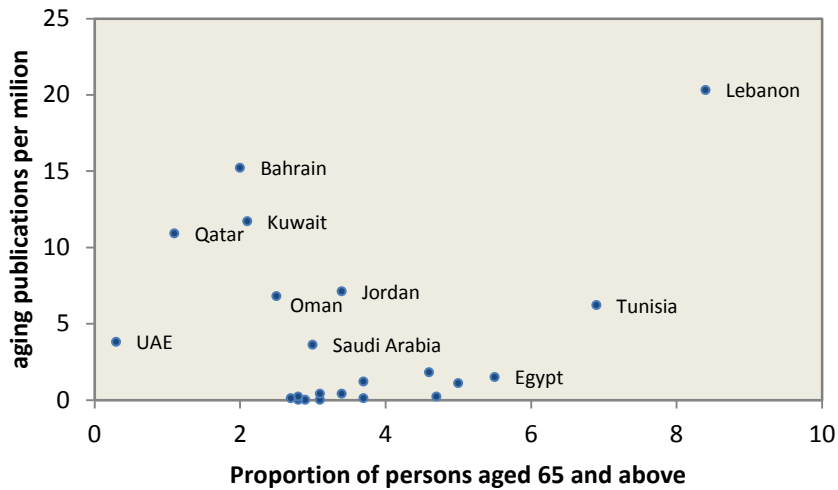
- **Increased** seven-fold across the two decades
- Average yearly Impact Factors presented **little fluctuation** ranging from 1.3 to 1.9
- Close to **one third** of the publications are produced by **5%** of the total research institutions, the most prolific of which are in Egypt and Lebanon



Aging research by place

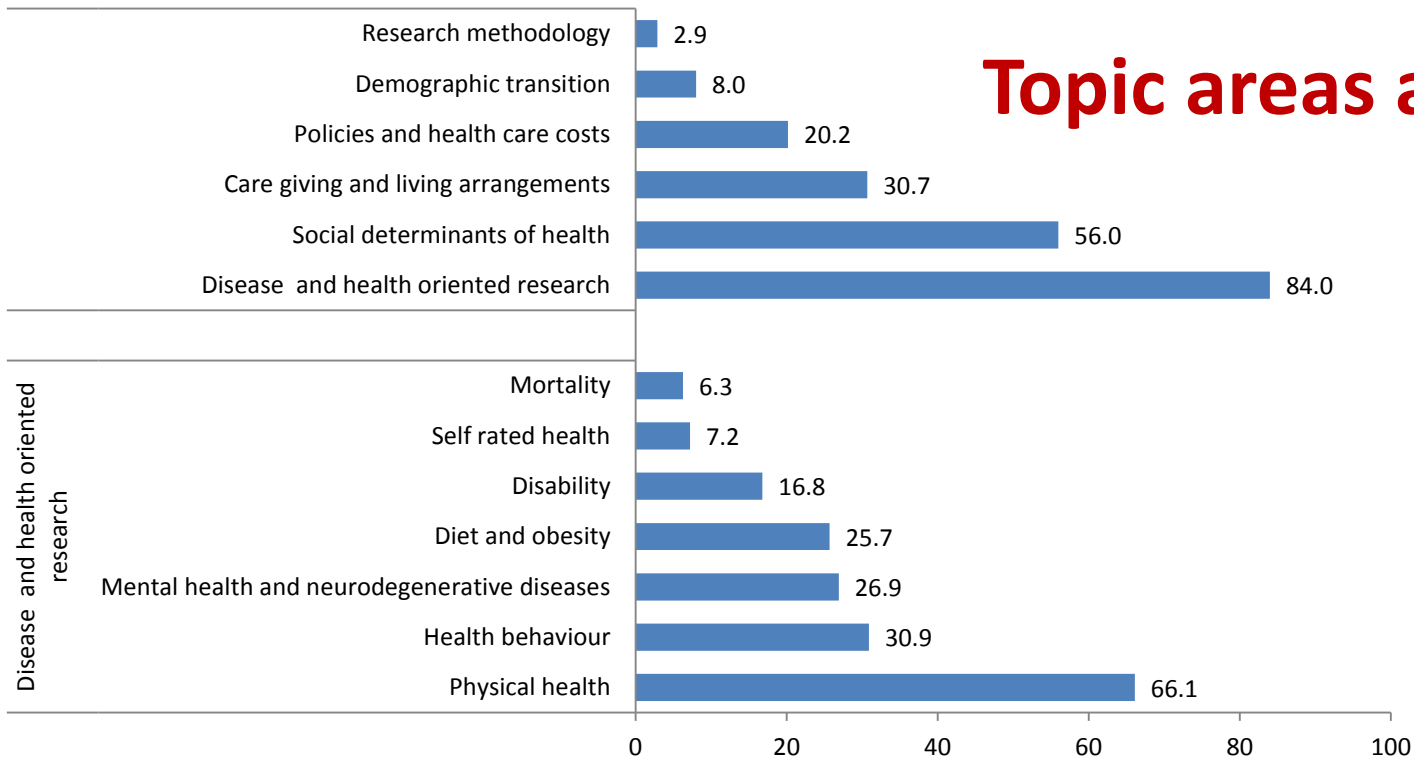
is aging research dependent on development?





- Research production was not influenced by population aging indicators
- Although government investment in R&D has a noticeable effect on total publication rates, this is not mirrored in aging research output, possibly reflecting lack of interest of public funding in aging research

Topic areas and focus



- Most of the studies conducted are disease-centered, descriptive in nature, relying mostly on cross-sectional study designs
- Only a handful of studies examine ‘seniors in emergencies’ and research productivity is particularly weak in the area of policy and health systems research

Establishing institutional arrangements on aging in Arab countries has been emphasized by UN agencies (1999) which has influenced the creation of the three main pillars of public arrangements

Specialized departments,
National Committees, and
National plans of action



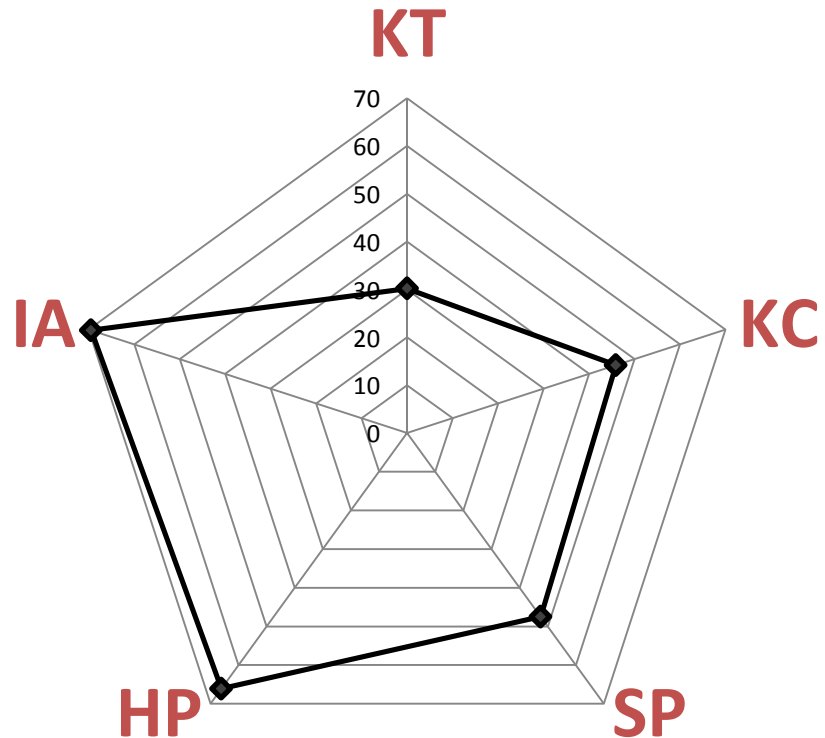
Algeria
Djibouti
Somalia
Yemen

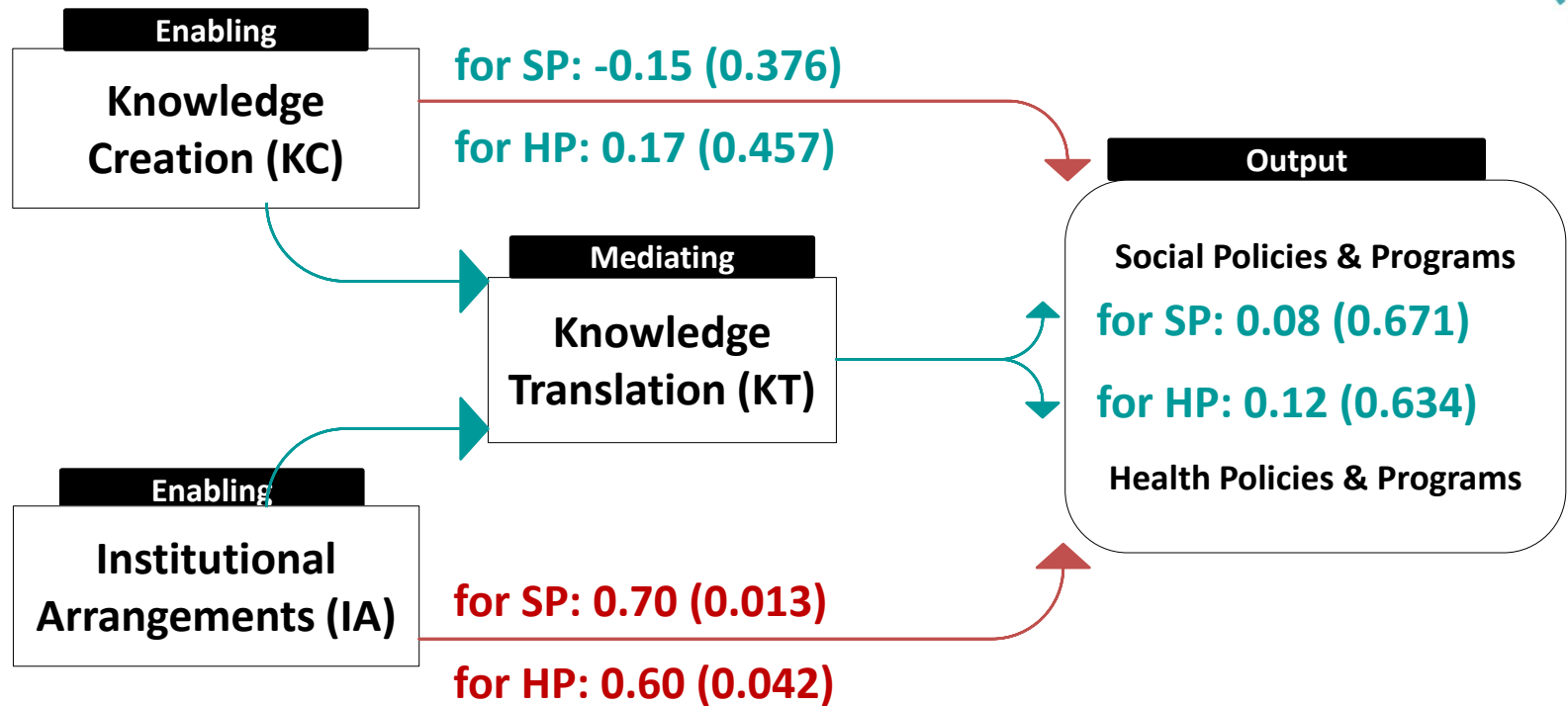


Constructs

Health policies were more abundant than social policies

A strong presence of public administration on aging in Arab countries as indicated by the high median score of the institutional arrangements





Institutional arrangements is the most robust construct for the promotion of social and health policies and programs, net the effects of KC and KT

KT is the least developed, reflecting a deficiency in the availability of data repositories, the production of policy briefs, and communication between policymakers and researchers

These findings

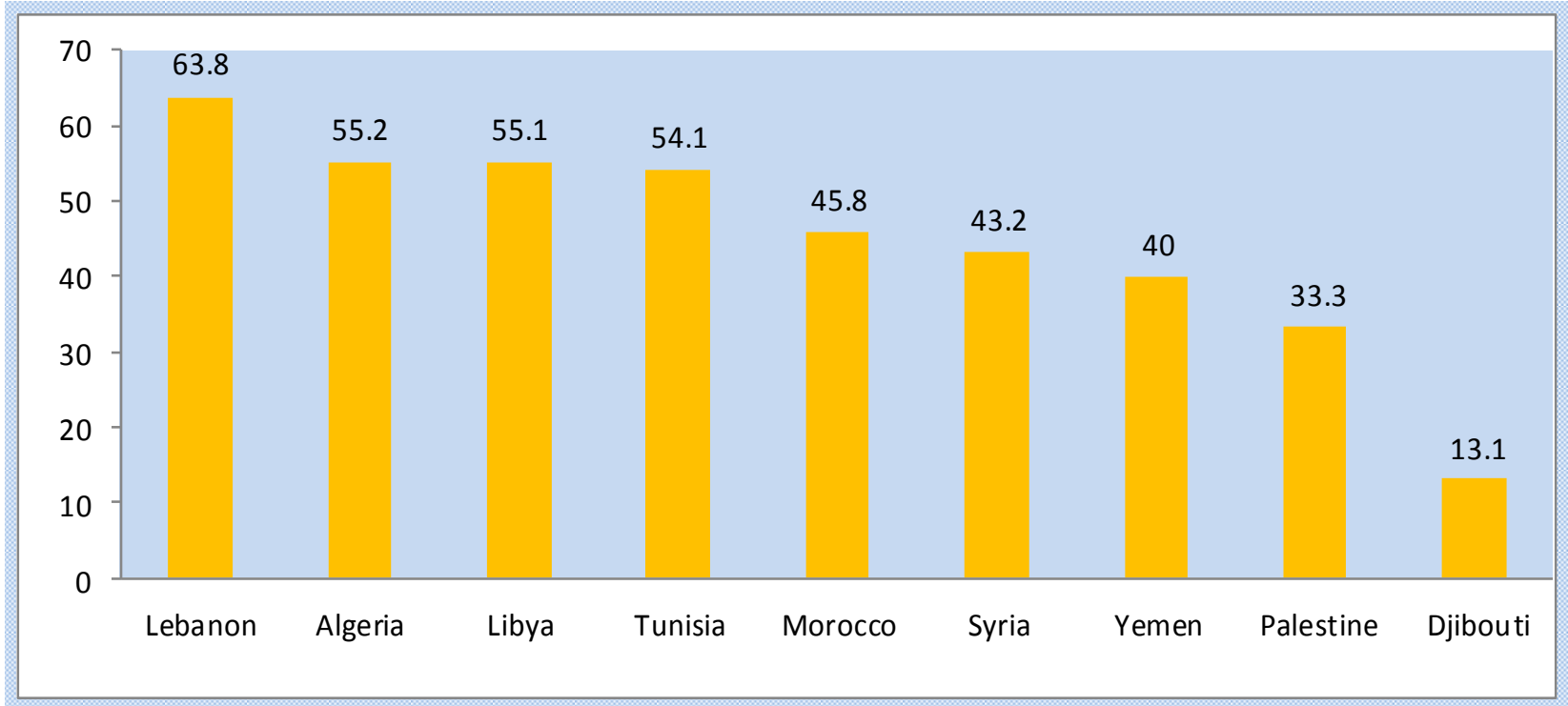
- Underscore the strong role of **public administration** and argues for the significance of working on Public Administration to encourage Knowledge-to-Action
- **Knowledge Translation** needs to be reinforced in Arab countries to promote evidence-based policymaking and policy-driven research

Data sources: challenges and opportunities

Challenges

- ✓ **Funding** for ageing research is deficient. 'low' priority for ageing research in national funding agencies in the Arab region
- ✓ **Data sharing** culture is missing
- ✓ **Research Centers** are a few and limited to universities
- ✓ Scarcity of data on **health**
- ✓ **Context of wars and emergencies**
- ✓ **Surveys are limited**
 - Low response rate
 - Information bias

Suffering from at least one chronic condition



Data sources: challenges and opportunities

Opportunities

- **Social Media**-Tweets, press releases
non-traditional data sources should augment traditional data sources and can fill some of the gaps in reporting
- **Non traditional tools** - Telephone interviews and web-based (e-census already applied in Kuwait 2011)
- **Make use of existing/routine sources of data**
medical records, registries, and death certificates
- **Pooling of data** (successful examples, the BOD study, other collaborative networks)

consideration of how it predicts and helps prevent diabetes complications and sequelae. When HbA_{1c} is used, FPG should ideally also be measured in a subsample of participants to provide information about how the two tests relate.

Contributors

GD and ME designed the study and oversaw research. Members of the Country and Regional Data Group collected and reanalysed data, and checked pooled data for accuracy of information about their study and other studies in their country. Members of the Pooled Analysis and Writing Group collated data, checked all data sources in consultation with the Country and Regional Data Group, analysed pooled data, and prepared results. GD and ME wrote the first draft of the report with input from other members of Pooled Analysis and Writing Group. Members of Country and Regional Data Group commented on draft report.

NCD Risk Factor Collaboration (NCD-RisC)

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Effects of diabetes definition on global surveillance of diabetes prevalence and diagnosis: a pooled analysis of 96 population-based studies with 331 288 participants

NCD Risk Factor Collaboration (NCD-RisC)*

Summary

Background Diabetes has been defined on the basis of different biomarkers, including fasting plasma glucose (FPG), 2-h plasma glucose in an oral glucose tolerance test (2hOGTT), and HbA_{1c}. We assessed the effect of different diagnostic definitions on both the population prevalence of diabetes and the classification of previously undiagnosed individuals as having diabetes versus not having diabetes in a pooled analysis of data from population-based health examination surveys in different regions.

Methods We used data from 96 population-based health examination surveys that had measured at least two of the biomarkers used for defining diabetes. Diabetes was defined using HbA_{1c} (HbA_{1c} \geq 6.5% or history of diabetes diagnosis or using insulin or oral hypoglycaemic drugs) compared with either FPG only or FPG-or-2hOGTT definitions (FPG \geq 7.0 mmol/L or 2hOGTT \geq 11.1 mmol/L or history of diabetes or using insulin or oral hypoglycaemic drugs). We calculated diabetes prevalence, taking into account complex survey design and survey sample weights. We compared the prevalences of diabetes using different definitions graphically and by regression analyses. We calculated sensitivity and specificity of diabetes diagnosis based on HbA_{1c} compared with diagnosis based on glucose among previously undiagnosed individuals (ie, excluding those with history of diabetes or using



Lancet Dia

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